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AUTHOR Holmes, Tony
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ABSTRACT

Drawing from the personal visits of an early childhood specialist to centers for infants and toddlers in Britain and the United States, this paper focuses on issues of teacher education, deregistration, and professionalism. Introductory material describes the child care situation in Aotearoa, New Zealand, highlighting the increasing demand for places for infants and toddlers in early childhood centers; the availability and funding of infant/toddler day care; and the poor quality of care provided by visited centers in Wellington, New Zealand. The next two sections offer overviews of infant and toddler programs in Great Britain and the United States. Each provides information about centers in the two countries and discusses lessons to be learned. The final section describes the characteristics of a high quality infant and toddler environment, focusing on elements that affect staff members as well as those that affect children. In comparison with the early childhood professionals in the United States and Great Britain, those in New Zealand are reported to lack a recognized professional status. The impact of this lack of status and the condition of teacher training and qualifications is discussed. Finally, four indicators of professionalism are discussed: (1) a clearly defined role as a teacher supported by a clearly defined philosophy of early childhood education; (2) a recognized body of knowledge and training with 3- or 4-year program options and specialist training for working with infants and toddlers; (3) service funding to ensure parent access to high quality child care; and (4) advocacy by and for early childhood professionals. (AC)

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Infant and Toddler Centre Programmes in Britain and the US.

Tony Holmes,Lecturer in Early Childhood Education,
Te Whanau o Ako Pai ki te Upoko o te Ika/Wellington College of Education,
Wellington, Aotearoa/New Zealand.

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1. Introduction.

This afternoon I'm going to talk about my visits to some early childhood centres in Britain and the US which cater for infants and toddlers. I'll briefly describe the background to infant and toddler programmes in each of these countries, give some information about the centres, and finally discuss what I think we can learn from this. I will focus on teacher education, teacher deregistration and the professionalism of early childhood teachers.

In Aotearoa and throughout the US and western European countries there has been an increasing demand for places for infants and toddlers in early childhood centres (defined as children under the age of 3 years, except in this country where we usually refer to the under twos). There is also a need to improve the quality of existing services (Pichault, C. 1984; Dept of Education 1986). Actual provision varies widely from country to country, and from state to state (Cohen, B. 1988; Moss, P. 1988; Ad Hoc Day Care Coalition,1985). The main resistance to the development of infant and toddler programmes has been its relavively high cost. To offer a quality programme for infants and toddlers requires more resources per child place than for older children and therefore involves greater costs per child place.

In these advanced industrial nations the proportion of women working outside the home in paid employment has increased over recent years. This has resulted in an increasing demand from families for early childhood services. Whether the state, local government, private, institutional or community groups should provide these services has been vigorously debated. There is also the issue of whether very young children should be in centres at all. The younger the children the hotter the debate. For example, governments and some academics still use the myths of (maternal) deprivation to scare parents and dampen demand for infant services (Belsky and Alison Clarke-Stewart, 1988). Most early childhood teachers are satisfied that a quality programme for infants and toddlers enhances children's development without adverse effects.

In Aotearoa, places for under twos in centres have increased as more and more centres responded to the demand. The biggest increase in places occurred recently, between 1989 and the present, when the new rates of bulk funding attracted interest from both private and not-for-profit centres. Between1989 and 1990 there was a 3-4 fold increase in the number of under twos in centre programmes from about 2000 to about 6000 (MoE statistics) New centres exclusively for infants and toddlers were set up and a significant number are still in the process of setting up. In spite of the feeble official minimum standards many centres have used this funding to improve staff:child ratios, increase the training opprtunities and wages of their staff, and reduce fees. This financial incentive has been cut back following the 1991 Budget. It had been $7.25 / child place /hour and will reduce to $4.50.

In Aotearoa no extensive, systematic or longitudinal studies into infants programmes have been completed. The need for more information has been a concern for a number of years. In 1990 Val Podmore and Barara Craig(SSRFC pilot research, NZCER main research) began to investigate the organisation and policy implications of infant care in centres in Wellington and Auckland. However, back in 1988 I was keen to visit some high quality infant toddler centres while overseas on a Winston Churchill grant. At that time I was working for the NZ Childcare Association as an adviser to childcare centres in Wellington. I had had the opportunity to observe infants and toddlers in Wellington centres and I was shocked at the conditions under which some infants were cared for. They were often left out of the programme, and rarely was any specific programme run for them. Some inexperienced workers were of the opinion that infants did'nt do much and therefore nothing much was done for them other than keeping them fed and clean. Most of the time was spent feeding, changing and cleaning up, with little time for play, and without an understanding of the many learning opportunities that can accompany these experiences, or the skills to pursue them. I was disturbed that this neglect was happening to our most precious and vulnerable children at a time when their potential for learning was so great. I was myself also largely ignorant of how infants needs could be adequately met in the centre situation.

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The information I obtained from visits to centres and my discussions with teachers was not systematic research. It was not planned as such. I didn't have the resources for it. However, in preparation for my visits to centres I put together a quality checklist. This was used to remind me of all the things I wanted to find out about. Many of the visits were arraged at short notice through personal contacts made after arriving in the area. Local knowledge was a good way to locate quality programmes. A few of the appointments were set up from NZ. Most of the information I obtained was about the organisation or management of infant toddler programmes. Due to time limitations observations of children in programmes was secondary to this.

2 In Britain

In Britain provision for the under threes is inadequate to meet needs and there is considerable variation from region to region. The different services are provided by different agencies for different groups of children and reflect the agenda of local politics. Labour controlled areas generally have more public facilities than Conservative areas. There is a clear division between education and care. Day Nurseries, Family Centres, and childminders or home-based care are perceived as "caring" for children, and playgroups and Nursery Schools as offering "educational" programmes. There is a demand for Day Nursery places for almost half of the 2 million children under the age of 3 in the UK (Bone, M,1977). Less than 2% are catered for by publicly funded services in Day Nurseries and the newer Family and Combined centres (Moss, P. 1988). Most of these children are referred from health or welfare agencies because they are defined as "at risk". They are mainly from poorer families. A recent innovation has been the formation of Combined Centres, i.e. a Nursery School and a Day Nursery provision combined in one location, of which there were around 50 in 1989. Childminding and private nurseries and voluntary childcare organisations attempt to fill the shortfall in provision.

Nursery "teachers" are trained for 4 years (B.Ed. or 3 year degree plus one year teacher training) to work with children from 3 years of age. Their qualification also allows them to teach in schools. Nursery "nurses" are trained for 2 years and receive the Nursery Nurses Examination Board qualification (NNEB) to work with children from birth to 8 years. The nearest NZ equivalent to this would now be the one year Nanny qualification plus the second year of the Diploma course offered by institutions like the NZ College of Early Childhood Education in Christchurch.

2.1. The Centres

I visited Day Nurseries, and Combined Nursery Centres in London, Glasgow and Lancashire. The London centres were long established whereas the centres in Lancashire were newly opened Combined Centres in Blackburn and Lancaster(July 1988). In Glasgow the centres I visited were established and operating under new policies developed by the innovative Pre-Five Unit of Strathclyde Regional Council.

In all the centres there were no fees, or minimal fees. About 90 pence per day-about $3- was the maximum. Meals were charged separately. The centres were financially supported by the Dept of Health and Social Security(DHSS), by local authorities, and by charitable trusts. Most of the families served by these programmes would not be able to pay. Most were open for 5 days per week, but some were available for 7 day, 24 hours per day care. One was open 365 days of the year. Parent participation was encouraged. Some centres had a parents' room. All children were assessed for all round development on a regular schedule. Some provided an evening creche so that parents could attend meetings, leisure activities and classes.

Between 30 and 100 children from birth to age 5 years attended each centre for full and part days. Maximum group size for infants was 10. In most centres places were allocated according to need and this was regularly reviewed. Staff:child ratios for infants varied from 1:2.5 to 1:5 according to age. The staff were exclusively carers and teachers. There were, by NZ standards, numerous extra staff, e.g. administrators, cooks, cleaners, caretakers, laundry workers, and maintainance staff. Because these centres are also community centres there were often resident social workers, speech therapists, doctors and health workers. One centre had a minibus and a driver/gardener. Many had toy libraries, subsidised by the DHSS with no user fee. Some were used as "drop in" centres by childminders and the children in their care.

The implementation of the new Combined Nursery Centres has been frustrated by staff disputes. The Nursery Teachers and Nursery Nurses who staff these centres are, in the

majority of centres, working under different salaries and conditions. The teachers earn more, have better working conditions, but are less knowledgable and experienced in the care of infants, and yet are expected to do the same work in the same programme on the same premises as the nurses. These tensions affect the performance of the staff and the quality of the programme. In a study of 20 combined centres (reported by Gillian Pugh from a study by Liz Murphy at the National Children's Bureau) nearly all of them which were set up to operate in a co-ordinated way, i.e. day nursery and nursery school, are actually composed of the two separate programmes, i.e the Nursery Nurses and the Nursery Teachers do not work together. In Glasgow, new policies produced by the Strathclyde Regional Council have enabled a more flexible staffing structure to be created which hopefully will overcome most of the problems in the present system. Although Day Nurseries and the Combined and Family Centres offer just as comprehensive an educational program as nursery schools, there is a social stigma attached to those families who need to use them.
As Gillian Pugh from the National Children's Bureau told me,
"In UK the government sees daycare as something that is only appropriate for families who have failed... There's still the stigma attached that only families which have collapsed can have daycare and everybody else has to struggle on alone."

3. In the US

In the US there is a lack of reliable statistics concerning the provision and quality of early childhood programmes. However, it is estimated that there are about 2 million children in day care. Nearly half of all infants and toddlers (under3) have working mothers (US Bureau of Census, 1985). Centres are operated by individuals and corporations for profit, church affiliated groups(some of which are also run for profit, i.e. not by the church themselves), employer and employee sponsored centres, parent co-operatives, the federally funded Head-Start Programs, other federally funded special education centres in public schools, public school kindergarten programmes (for children age 5-6yrs), and housing development day care. The federal Title XX Act reimburses states for 75% of the cost of childcare programmes that serve families where parents receive public assistance money or social security income, or the gross family income is below a certain level.

The US has no Federal regulations and each State has set its own regulations governing daycare programs. 42 states do not require any special training for childcare staff, and only 24 states require any child development training for directors of centres. Only 4 states require staff:child ratios to be 1:3 for infants and 1:4 for toddlers while many other states have the dangerously low ratios of 1:7 for infants and 1:12 for toddlers respectively. Only 20,000 out of estimated one million childcare workers are unionised. Most have short term employment contracts and poor conditions of work. However, there are centres with high quality programmes which serve as good models for infant and toddler care and education.

3.1. The Centres

I visited infant/toddler centres in Massachusetts, New York, Texas and California. These states have recognised quality childcare standards and regulations. All the centres I visited were not-for-profit centres whose own standards exceeded the regulations of the state authorities.

Group size for infant and toddler care varied from 6 to 12 for under 2 year olds, and up to 16 for 2 to 3 year olds, with staff:child ratios of 1:3 and 1:4 respectively for the two age groups. The centre size varied from 50 staff and 150 families in a mixed age centre down to 4 staff and 12 children. There were large waiting lists of between 50 and 300 for each centre. Parent help was encouraged in all centres, and at one centre parents were expected to give 4 hours per month to work for the centre.

Fees in Massachusetts ranged from $164 to $215 per week, and in California from $135 to $180. (NZ$200-320 which compares to current NZ fees of $110-150). In some cases these were subsidised, e.g. for hospital employees using a hospital centre, and for low income families by the state. However, the majority of families using these centres were in the middle to upper income bracket. High quality care is expensive and often only those on good incomes could afford to use it. The centres used about 75-80% of their income(mainly fees) to pay their staff.

Most centre Directors, and other senior staff including Head Teachers had Bachelor's (4 years) or Master's degrees in early childhood plus a number of years of experience. Their salaries ranged from US$20,000 to $40,000 (NZ$30,000-$60,000) per annum depending on levels of responsibility, centre size and what the centre management were able to pay. Teachers, many of whom had a 4 year degree, earned US$14-17,000 (NZ$20,000-$25,000), and Assistants with an Associate's degree(2 years) earned about US$10,000 ($NZ15,000) per annum. High school and college aides were paid between $3.35 and $5 /hour(NZ$5-$7.50).

As in Britain centres had non-teaching staff , e.g. cooks, cleaners, janitors, and office workers. Two of the centres had full time Education Directors responsible for staff training and curriculum development. Staff had an average of one and a half hours per week training. Many had part-time nurses, music teachers and other specialist staff.

At one centre a $50 fee was charged for enrolment and interview with the director, and families pay $25 per month for disposable diapers, and $75 per year for insurance liability. There is no Accident Compensation scheme in the US and everyone is acutely aware of safety. Not only for the sake of the children, but also for the financial survival of the centre. Centres, their directors and teachers, equipment manufacturers and installers, have been financially ruined through successful litigation for alleged negligence following accidents in centres.

4. Discussion and Conclusions

Much of what I found in Britain and the US reinforced what many of us already know about providing a quality infant and toddler environment. That is, a challenging but not over stimulating physical environment, a developmentally appropriate curriculum, and qualified teachers with specialist knowledge and skills to work with this age group, working in a supportive environment-a good employer, good conditions of work, optimal staff:child ratios and child group size.

Although we have made huge advances in many of these areas over the last few years, I think we have not yet attained a recognised professional status for ourselves. Centres in Britain and the better US centres I visited employ ancilliary staff, e.g. cleaners, cooks, administrative and maintainance staff. This enables their early childhood teachers to use their time, skills and energy to focus on their specific role as carers and educators. In the majority of centres in NZ the childcare worker or early childhood teacher has been expected to be a "Jill or Jack of all trades" and often perceived by the public and the government to be "mistress or master of none." Although early childhood teachers have been professionally trained to work in the most demanding and important work in our society they often do not see themselves, and are not perceived by most of the public, and the politicians, as professionals. I am not advocating a strict demarcation of jobs which may prevent us from doing many of the things we value in providing learning opportunities for children from the totality of centre experiences, but a greater recognition for our work as carers and teachers. To many people working with infants and toddlers is just "babysitting". This is not surprising when our government and some of our employers are attempting to further devalue, deskill and deprofessionalise our work. The Employment Contracts Bill is being used to reduce wages, conditions of work and security of employment, and to destroy our union's powerbase. Teachers are no longer required to be registered. In the US many early childhood teachers are paid very low wages, have poor working conditions, little job security, and most lack union protection. Employment contracts are commonly for only the 9 or10 teaching months of the year.

Another facet of the progress toward professionalism is the status of teacher qualifications. The integration of pre-service early childhood teacher education at colleges of education in NZ has become the model for basic level training. With the recent diversification of training opportunities with the emergence of many alternative training providers, and the downgrading of the "points" required for a minimum qualification or equivalency, recognition of the 3 year Diploma in Teaching as the basic qualification for all early childhood teachers is jeopardised. The specialist training of teachers to work with infants and toddlers in centres is especially threatened. The government, through programmes like "Parents as First Teachers," is attempting to force infant care, as it describes it, back into the home. Either with mothers encouraged to stay home, or into Family Day Care or informal arrangements. The government is trying to gain support for the notion that infant and toddler care does not require the knowledge base and skill level required for older children. The government believes that Plunket Nurses are able, with little extra training, to be able to take over the work of early childhood teachers.

One year nanny school training or two year NNEB equivalent training, both available in NZ, may become the new benchmark qualification for the care of infants and toddlers. This would be a retrograde step. All this is happening only 5 years on from the transfer of childcare from the Dept of Social Welfare to the Dept of Education which marked the beginning of the integration of childcare with the other early childhood services and the acknowledgment that child-care was care and education. NZ provided a model example in overcoming the two-tier system perceived by many as "care" and "education" that still exists in most of Britain(Nursery Nurses and Nursery Teachers). We are now being cajoled into a new multi-tiered system of qualifications which will further inhibit the establishment of our professional status.

All of these issues are, of course, ultimately to do with the governments desire to reduce expenditure. Through its ignorance of the needs of infants and toddlers and its drive to cut spending this present government has downgraded the centres' physical environment and staffing levels and is threatening the viability of some centres catering for infants and toddlers. Those families who are "at risk" and are desparately in need of centre based care will be targetted as they are in Britain and the US and subject to the new stigmata, the Kiwi Card. In fact, many of this government's gross errors in the education policy field have been picked up in the US, or from Britain. When will our government stop employing the unacceptable policies of the World's foremost monetarist nations in order to shape education in New Zealand?

To summarise some of the indicators of professionalism which have been discussed:

1.A clearly defined role as a teacher which needs to be supported by a clearly defined philosophy of early childhood education. The early childhood teacher's role is more complex than the role of the traditional teacher because it involves a wider network of relationships with children, parents, employers, staff, the community and outside agencies. A key factor is a positive attitude towards early childhood and teaching young children which can only be maintained in a supportive environment-both people and programmes(wages, conditions, teacher registration..)

2.Recognised knowledge and training with basic 3 year Diploma, or 4 year degree programmes, and specialist qualifications and training (post-Diploma and post-degree) for working with infants and toddlers.

3.Service(not targeted and stigmatised) funding which acknowledgesevery family's unimpeded right of access to high quality early childhood services of their choice. NZ spends under 4% of its education budget on early childhood education whereas Sweden spends more than 20%.

4.Our advocacy role in communicating all of this to parents, our community and our government.

We must resist current government moves by demanding the reinstatement of teacher registration, and be determined to hold on to the 3 year Diploma as the basic teacher qualification for all early childhood teachers.

We must ensure that the government understands that teachers of infants and toddlers need specialist knowledge and skills in addition to basic level early childhood training.

We must continue to build good public relations, maintain our unions and associations, and to keep everyone informed about the great work we do.

It is essential that we do everything we can to provide the very best of environments for the centre based care and education of our smallest and most vulnerable people.

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